

Please Type or Print Clearly in Black/Blue Ink

RESET FORM

MAIL THIS FORM TO:
P.O. BOX 1197
Richmond, Virginia 23218-1197
OR FAX THIS FORM TO:
(804) 371-9069

STATE CORPORATION COMMISSION
DIVISION OF COMMUNICATIONS TELEPHONE SERVICE INQUIRY/COMPLAINT FORM

Complainant:

Name _____
(Name Service Listed Under - if Business, give name for contact)

Address _____

City _____ State _____ Zip _____

Residential Phone _____ Business Phone _____

Telephone number where you can be reached during the day _____

DESCRIPTION OF INQUIRY/COMPLAINT

Utility

Person (s) you have contacted

Date

DESCRIPTION OF INQUIRY/COMPLAINT:

USE BACK IF MORE SPACE IS NEEDED

DESCRIPTION (Continued)

SIGNATURE_____

DATE _____

SCC USE ONLY

Handler: _____

Suspend Date:_____

Date Received: _____

Date Closed: _____

Complaint Text:
